



# CORRECT SITE SURGERY AND PROCEDURES

## SUCCESSFUL PRACTICES IN GEORGIA

### CULTURE CHANGE

<b>Essential Elements for Policies and Procedures for Culture Change:</b>	<b>Rationale:</b> The culture of the hospital should be one that promotes patient safety and involves all disciplines throughout the organization. This culture change is brought about by educating the people involved and gaining buy-in from them
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1. **Staff Education** on the hospital's policies and procedures for patient identification, site marking, and use of "time-out" should include everyone involved in surgery/procedures, such as the OR staff, floor staff, agency staff, transport personnel, and physicians. These safety procedures should be addressed regularly through:
  - New Staff/Agency Orientation –for all new staff to be knowledgeable on hospital safety procedures
  - New Physician/Resident Orientation – to educate the new physicians on the policies and procedures
  - Annual Staff Update – to keep staff up-to-date on any changes in the policies and procedures, and to refresh memories
  - Specially scheduled education programs for new or changed policies or procedures – to educate staff on changes made through performance improvement initiatives or resulting from changes in external compliance requirements (accreditation, licensure, etc.)

#### Suggestions:

- The formats used by hospitals for staff education vary. Commercial products are available to assist in staff education and training, but before using them you should be sure the product reflects your hospital's policies and procedures. You may need to supplement such products with training on your hospital's forms and methods of documentation. Training formats could reasonably include a combination of any of the following:
  - Videotapes
  - Face-to-face training sessions
  - Power point presentations
  - Interactive computer programs
  - Net learning
- Whatever training format is chosen, the hospital should have in place mechanisms to document that each staff member and physician/resident has been trained, not just that they were provided access to the information in written form (e.g. through a newsletter).



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- Some hospitals have established “priority rules” or “red rules” (rules that all staff must ensure are followed with the highest priority) and included the safety procedures with those rules. Special and frequent training and signage refers to the importance of this set of rules.
- Signage is frequently used to remind staff to use the procedures, and is posted in all areas of the hospital. The signage can remind about the specific identifiers to be used, etc.

2. **Patient Education** on what to expect when preparing for surgery or other procedures should include the patient and the family/caregiver. This lets both know exactly what to expect. Whatever the format, the information given to the patient should cover not only the information about the specific procedure, but should also include:

- what the hospital will be doing in terms of ensuring correct patient identification
- information about site marking
- the suggestion that the patient or family ask the surgeon about whether they will use a “time-out” before the procedure begins.

Suggestions: Georgia’s hospitals are using many different formats to educate patients about patient safety for surgery as well as for hospitalization:

- Verbal education in the surgeons office, at admission, and in each area before a procedure is performed)
- Brochures on safety in every surgeons office, senior centers, and drug stores (available in Spanish and Vietnamese, written on a 3rd grade level)
- TV and Radio spots on the patient’s participation in patient safety
- Public service announcements
- Information on the hospital’s web site
- For children, use a doll as a part of the education process, including site marking on the doll as well as marking on the child. Involve the child in the marking and allow the child to carry the doll to surgery and keep the doll afterwards.

3. Marketing for cultural change includes methods for gaining buy-in by all staff and physicians. This includes administration, physicians, staff nurses, agency nurses, and any other staff having contact with patients.

Suggestions: Some methods that Georgia hospitals have found helpful include the following:

- Enlist a physician who is compliant with the policies to be your physician champion for safety



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- Others to enlist as champions are the OR Director, OR nurses, pre-op nurses, safety officers and managers of admissions and other areas of the hospital
  - Champions should be willing to take the lead in educating others about the importance of compliance with all safety procedures
  - Appoint a physician liaison to address peer-to-peer if there are problems with physician compliance (especially with “time-out”)
  - Engage anesthesia staff and physicians in developing policies and procedures for site marking and “time-out”, and in training for those procedures
  - Have physicians participate directly in the FMEA on correct site surgery
  - Involve staff in designing signage and/or “naming” each safety procedure (some have even had contests for coming up with catchy phrases for buttons, etc.)
4. Marketing for cultural change includes methods of gaining buy-in by all staff. This includes administration, physicians, staff nurses, agency nurses and any other staff involved in the process.

Suggestions: Some things that can be helpful include the following:

- Enlist a physician who is compliant with the policy to be your physician champion
- Other people that might be helpful to enlist as champions are the OR director, OR nurses, pre-op nurses, and safety officers and staff.
- Appoint a physician liaison to go peer to peer if there’s a problem
- Engage anesthesia in training, discussion and writing procedures
- Have physicians help with a FMEA on the process
- Involve administration to ask the OR staff questions about the process

These strategies are a compilation of certain methods or procedures that were found to be effective when implemented by some hospitals. They may incorporate certain standards of accrediting agencies such as JCAHO but are not intended to establish a legal standard of care. A hospital may wish to consult with their own attorney to determine if there are any additional criteria that they should consider in order to comply with applicable federal and state laws.